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ABSTRACT

Currently, women represent 30 percent of the drug-abusing population but are entering the prison system at a rate two times that of men. How can practitioners meet the pressing needs of offender women in treatment, prisons, and jails through the 1990s and the millennium? The correctional environment poses special advocacy challenges. The role of advocate can no longer be performed by any single entity. As advocates for quality service delivery, counselors and providers of care must collaborate with clients and others advocating for changes in public policy. Advocacy involves clients, their families, and the community. This paper discusses advocacy and empowerment as ways to improve an incarcerated woman's life. Eleven critical issues concerning advocating for change in public policy are listed. Advocates are encouraged to inform the public and legislators about the problems related to addiction treatment for incarcerated women and about appropriate solutions. (Contains 3 references.) (MKA)

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Chapter Sixteen

Advocating for Women in the Criminal Justice and Addiction Treatment Systems

Karen Kelly & Gwen Empson

During the past 150 years, women have made up a far greater portion of drug users than has usually been recognized. Despite this fact, treatment issues for drug-abusing women have received very little attention. Increasing numbers of women dealing with drug-related issues find themselves treated not in community settings but in the criminal justice system. Currently, women represent 30 percent of the drug-abusing population but are entering the prison system at a rate two times that of men (NIDA, 1998). How can we as practitioners meet the pressing needs of offender women in treatment, prisons, and jails through the 1990s and the millennium? The correctional environment poses special advocacy challenges.

Advocacy Issues for Women in the Criminal Justice System

The role of advocate can no longer be performed by any one single entity. As advocates for quality service delivery, counselors and providers of care must collaborate with clients and others advocating for changes in public policy. Advocacy involves clients, their families, and the community.

In today's cost-driven treatment systems, women who are regarded as criminals seek treatment but face a number of barriers to essential elements of quality care. These barriers may include limited access to outpatient treatment, acceptance into jail without evaluation for drug abuse, or unavailability of prison-based programs.

There are nearly six times as many women incarcerated in prison today as there were in 1930—the numbers rose by 460 percent, from 12,331 to 69,028. More than three times as many

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women are incarcerated today as there were in 1983. From 1983 to 1994, the number of incarcerated women grew by 212 percent, from 15,652 to 48,900. This flood into prisons has been correlated with the increasingly punitive legal response to drug-related behavior, the lack of viable treatment, and few alternative community sanctions for women (Owen & Bloom, 1995).

Correctional institutions vary in type and quality of services provided to treat women when addressing their substance abuse, addiction, family, health, and related social problems. Most of these women are single parents. They may lack extended family and may already be in the social welfare system. In addition, many women with substance abuse problems are victims of physical abuse, domestic violence, and rape. Many have experienced sexual abuse and incest as children. The psychological impact of violence includes mood disorders, including depression, posttraumatic stress disorder, and low self-esteem. Addicted women offenders usually feel powerless and victimized, with personal boundaries so violated that they lack a clear vision of self (CSAT, 1996). Even in community health settings, let alone correctional institutions, treatment based on traditional models rarely addresses these issues to the degree that is needed.

Advocacy as Empowerment

The overall environment in a prison or jail can be supportive for treatment or it can be non-responsive, setting up a series of structural, physical, and emotional barriers for the staff and clients of treatment programs. Institutional support is important from two levels, from administrators and from the overall institution, especially security staff. As advocates, counselors and service providers can help to ensure that women offenders are receiving the services needed to meet their unique situations. With many of the prison-based programs currently eliminating educational services, women who do not have high school or general equivalency diplomas, job training, or usable employment skills find themselves with little or no support when they are released to return to their families and communities.

Many times, improving a client's life may require direct advocacy activities such as writing a letter to a judge, the warden, or a family member to assist the client's reentry into society after treatment and/or incarceration. Advocacy also includes empowering clients and improving their environment. Many counselors and service providers, limited by time and other

constraints, must find time to fully inform their clients about programs, services, policies, and expectations. Client advocacy requires that clients be guided through a maze of difficult choices and changes.

Substance abuse treatment programs, jails, and prisons are usually not productive grounds for working with women who need to come to terms with their traumatic histories of abuse and lack of power. These programs are often rigid and authoritarian, making it difficult for women to reconnect to other people and discover their capacities for trust, autonomy, initiative, competence, identity, and intimacy. Treatment programs, counselors, and service providers are likely to face obstacles when advocating for the development of healthy environments in which counseling and treatment can address alcohol and drug-related issues, social problems, and lifestyle changes. Providing services for offender women in correctional treatment settings requires a coming together of two systems where the goals and philosophy are different: the incarceration environment where the concerns are punitive and the community setting where the goals are supportive and rehabilitative. In contrast to the criminal justice system, the treatment system is expected to place its highest priority on the well-being of the individual person rather than focusing on the crime committed and its consequences for society. The primary concern and responsibility of the treatment system is a healthier individual.

Critical Issues in Advocating for Change

Part of advocacy is informing clients that they have a right to high-quality treatment. However, these services must be available. Currently, services to address the needs of offender women are not always available or accessible. The following critical issues require our undivided attention and advocacy regarding public policy:

- Providing opportunities for family reunification. Involving children and significant others is possible in jail and prison settings and is a promising strategy for helping incarcerated women.
- Providing health care. Full medical services are needed for offender women with substance abuse problems. Many of these women arrive in prison after long periods of physical or sexual abuse, homelessness, and neglected health needs.

- Preventive counseling for HIV and sexually-transmitted diseases.
- Programming for coexisting psychiatric disorders, including depression.
- Identifying issues related to medicating. For example, some women may be overmedicating to block emotional pain.
- Special programming for pregnant women, focusing on their special needs in terms of medical care and treatment protocols.
- Programming for education and vocational training.
- Training for staff including security officers.
- Hiring and training appropriate personnel for treatment programs.
- Determining appropriate racial, ethnic, and gender mix.
- Recruiting staff from the treatment environment and program graduates.

Finding Solutions

Our job as advocates for treatment services to women offenders is to inform the public and our legislators about the problems related to addiction treatment for incarcerated women and about appropriate solutions. We have to trust that public opinion will be supportive of addressing these needs and that people, when informed, will influence policy makers to do what is right.

A collaborative effort among criminal justice personnel, jails, prison-based treatment programs, and community organizations can provide the healthy environments that women offenders need. We need to be of help to our clients by listening carefully to them and by monitoring the services that affect their lives.

Providers of these specialized services must look to other organizations and agencies both to find common agreement and to provide support. The use of research that clearly documents what works will aid counselors and providers of treatment and advocacy immeasurably when it comes time to present legislative initiatives. Empowering clients to become their own advocates by supporting meetings and rallies that ask for client testimony and experiences is also critical to forming public opinion.

As service delivery changes and treatment for substance abuse becomes less available, both providers and recipients of treatment feel the impact. Roadblocks such as unfair laws, cost

containment, and unavailability of treatment can and will impact the services provided to offender women. As providers of substance abuse treatment services in communities, jails, and prisons, all of us should be client advocates first and foremost.

References

Owen, B., & Bloom, B. (1995). Profiling women prisoners: Findings from national surveys and a California sample. *The Prison Journal, 75 (2)*, 165-185.

Center for Substance Abuse Treatment (CSAT). (1994). *Practical approaches in the treatment of women who abuse alcohol and other drugs.* Rockville, MD: Department of Health and Human Services, Public Health Service.

National Institution on Drug Abuse (NIDA). (1998). *Drug addiction research and the health of women. Executive summary.* Rockville, MD: Department of Health and Human Services, Public Health Service.

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Editor's note: This series of advocacy papers is being published in concert with the American Counseling Association President Loretta Bradley's year-long theme. The papers have been selected by the Task Force on Advocacy: Judith A. Lewis (chair), Stuart Chen-Hayes, Doris Rhea Coy, Mark S. Kiselica, Jo-Ann Lipford Sanders, and Derald Wing Sue. Production has been underwritten by the ACA Foundation. All advocacy papers are available on ACA's website at www.counseling.org.